U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved
Office of Management
and Budget
No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only		
1 / 1 11 11 11	LLY BEFORE PREPARING THIS REPORT.	
E Spor		
(AM6222005)	<b>,</b>	
1. File Number U - 1. File Numbe	2. Fiscal Year Covered From:	
15009	1/1/04 Through: 12/31/04	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Thomas J Cannon Jr	Name Bricklayers Local #55 Labor Organization File Number 033555	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 6015 Babbitt Rd	Street 1349 West Fifth Ave	
City New Albany	City Columbus	
State Ohio ZIP Code + 4 43054 - 978	State Ohio ZIP Code + 4	
5. Position in labor organization.  Sergeant at Arms		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	derived income or other economic benefit of on represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
the state of the s	7.b. Amount.	
Street		
City		
Stale ZIP Code + 4		
Signature		
Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 16	on the same and the first of the same	
Signed Thomas f Carron fr	On <u>9-75-05</u> <u>614-<b>4</b> 81-8155  Date Telephone Number</u>	
Form LM-30 (2003)	i dispriorie (verifice)	
onn em ou (2000)	Page 1 of 2	

Name of Person Filing Thomas J Canno	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name TNC  Trade Name, if any:  P.O. Box, Bldg., Room No., if any second Floor  Street 201 E Fifth  City Cin Gingati	a. Labor Organization  ✓ b. Trust  c. Employer	
State Chio ZIP Code + 4 45-202		
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name Brick layers Local *55 Pension  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 205 West Fourth St, Suite 225  City Cincinnati  State Ohio ZIP Code + 4 45202	11.a. Nature of such dealing.  Perfension Fund  Manager  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  December meeting dinner eypense	
	12.b. Amount. not morethan 40.00	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
<ol> <li>Name and address of Employer or Labor Relations Consultant (including trade name, if any).</li> </ol>	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street City		
State ZIP Code + 4		
	14 h. Amount of payment	

13.b. Is the Business an Employer

or Consultant

Name of Person Filing Thomas J Canno	n Jr	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name 1347 West Fifth Ave. Corp.	a. Labor Organiza	tion		
Trade Name, if any:	b. Trust			
P.O. Box, Bldg., Room No., if any	c. Employer			
Street 13 47 West FAth Ave				
State Ohio ZIP Code + 4 432/2				
State Ohio ZIP Code + 4 4 3 2/2		, <u>.</u>		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ng.		
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar valu	ie of such dealing.		
City	12.a. Nature of interest held	d or income received.		
State ZIP Code + 4	Payment	for work on a		
	Sidewalk			
	12.b. Amount.	400.00		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

Name of Person Filing Thom as 3 Cani	101 Jn File Number U-	
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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name		
Trade Name, if any:	a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street		
City		
State ZIP Code + 4		
10. If 9.b, or 9.c. Is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Bricklayers Local # 55 Pension Fun	Trustee of Pension Fund	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 205 West Fourth St, Suite 225	11.b. Approximate dollar value of such dealing.	
City CINCINA ati	12.a. Nature of interest held or income received.	
State 0 1/70 ZIP Code + 4 45-202	paid for lost wages	
	for quarterly meetings	
•		
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	